## STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

Page	1	of	2	
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### PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

		On Reverse Sid		ying pa	rticular.	Direct any ii	iquiries on ini	ormation ma	intenance to	your IPA OII	icer.										
		(First, Mi, Las							CAL	TRANS FI	MPLOYEE ID	NUN	IBER	CC	NTACT	PHONE	NUMBER				
	ell H. Iwas		,,						CYTE	TTO ATTO LT	VII LOTEL IL	711011	IDLIX		MINOI	THORE	NOWIDEIN				
POSITION TITLE B.U./M.D.										NUMERIC DIST/UNIT (For Check to Be Sent) ALTERNATE PHONE NUMBER											
Direc																					
CLAIM	ANT'S HOME	ADDRESS							100		ERS ADDRE	SS					V	M.S.			
CITY			CODE	CITY	0 N Stre	ATE	ZIP (	CODE													
			C	ATE A			100000000000000000000000000000000000000	Sacramento					C		958						
(1) MONTH/YEAR (3) August 2009				(4)	(5)	MEALS		(6)	(7)	Т	RANSP	PORTATION	N		(8)	(9)					
(2) DATE	TIME	LOCATION Where Expenses Were Incurred				LODGING	BREAK- FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USE	CA T PA	(C) ARFARE OLLS, ARKING		E CAR USE  AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY			
23	5:00AM	Home to Sac (to Vancouv	er BC. C	Air Canad	port da)		6.00					PC			50	27.50		33.50			
23		Vancouver E				209.8	3	24.99	24.99		31.07	Т						290.88			
23		Vancouver E	BC, Can	ada							8.58	RC						8.58			
24		Vancouver E	BC, Can	ada		209.8	3 17.00	24.99	24.99	23.00	115.96	RC						415.77			
25	11:00AM	Vancouver E SFO	3C, Can	ada t	0		17.00			23.00	0.00	A						40.00			
25	11:00AM	SFO to Shan	ghai, Cl	hina				10.00			0.00	A						10.00			
26		Shanghai, China			277.8	4 20.00	24.99	24.99	24.99	104.19	В					18.12	495.12				
27		Shanghai, Cl	nghai, China			277.8	4 20.00	24.99	24.99	24.99	7.55	R						380.36			
28		Shanghai, Cl	hanghai, China		277.8	4 20.00	32.99	32.99	24.99								388.81				
29		Shanghai, China to SFO (Drive RC to Sacramento)						24.99	62.24	RC				, F		87.23					
29		SFO to Sacra	) to Sacramento Airport				10.00			8.50	RC	Т	4.00				22.50				
29	1:00PM	Sacramento .	Airport	to Ho	ome							PC			50	27.50		27.50			
(10) SUBTOTALS				ALS	1253.1	8 100.00	152.95	132.95	145.96	338.09			4.00	100	55.00	18.12	2,200.25				
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (AI Discuss, resolve and review shop drawings					12					ouver. C	anada. At	tend		Cla	aim To	\$	2,200.25				
		ng, assess ar	-																		
	RMAL WORK H	0	ild resor	1	URCE	ation iss	ues III Si	langhai	, Ciiiia												
	8-5		T. CODE	DIST	UNIT	CHG DIST EX	EXP. AUTH.		SPE	CIAL DESIG	SNATION	FA	AGCY. OBJ.	,	AMOUNT		FY	MSA CODE			
(13) WC	RK SCHEDULI	E		04	103	04 0	120F3					7	010		\$55.00		10				
	5/40			04	103	04 0	120F3					7	001	\$12.50		1	10				
(14) PRIVATE VEHICLE LICENSE # 04 1		103	04 0	120F3					7	101	\$	267.3	5	10							
		103	04 0	120F3					7	021	\$1	\$1,865.40		10							
(15) MILEAGE RATE CLAIMED																					
.55																					
f a priva	itely owned v	that the above lehicle was used we met the require	d, and if m	nileage	e rates	exceed th	e minimum	rate, I ce	rtify that	the cost of	operating th	e veh	icle wa	as equal to	or grea	iter than t	he rate				
	ALMANT'S SI		1 1	F)		,								,			DATE	12 00			
(17) SIC	SNATURE OF	OFFICER APP	PROVING	TRA	VEL A	ND PAYM	ENT-				PR	INT N	AME				DATE	11.0			
																	9	22/09			
(18) SIC	SNATURE AN	ID TITLE OF AL	JTHORIT	Y FO	R BUS	SINESS EX	(PENSES I	EXCEEDI	NG \$25.00	)	PR	INT N	AME				DATE				

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See In	structions	On Reverse Si	de																
CLAIMA	NT'S NAME	(First, Mi, Las	st)							CAL	TRANS E	MPLOYEE ID	) NI	JMBER	R C	ONTACT	PHONE	NUMBER	
	ll H. Iwa	saki								9									
	ON TITLE					В	.U./M	.D.		NUM	ERIC DIS	T/UNIT (For (	Che	ck to B	e Sent) Al	TERNA	TE PHON	E NUMBER	3
Direct		ADDRESS																	
CLAIMA	NTS HOM	EADDRESS								HEA	DQUARTI	ERS ADDRE	SS					N	A.S.
CITY					S	ATE		71P (	CODE	CITY			_			СТ	ATE	710	2005
					101	AIL		12.11	0000	1	ramento	,				CA		958	CODE
(1) MON	TH/YEAR		(3)					(5)	MEALS	Sac		(7)	-	TRANS	SPORTATIO		1	(8)	(9)
-	ust 2009	LC		(4	4)			07.15	(6)	(A)	(1		(C)	(D) .55 PRIVATE CAR USE		BUSINESS	TOTAL		
DATE	TIME		Where Expenses Were Incurred					BREAK- FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TY	FE	TOLLS, PARKING	MILES	AMOUNT	EXPENSE (Box 18)	EXPENSE FOR DAY
23		Air Fare (Re	Air Fare (ResX)							DINNER	11120	0.00			PARKING			(BOX 16)	FORDAT
25									-				+	-	+	-			
25		Air Fare (Re	esX)									0.00	1	4					
													t	1					
-						-	-						╀	-	-				
													1		1				
-						-	_						-	-	-	-			
														+	+				
							_						-	_					
(10)														+	-				
			SU	втот	ALS														
		TRIP, REMARK											-	-					
Discus	s, resolve	and review	shop d	rawi	ngs i	ssues	for	SAS co	ntract in	n Vanco	ouver, C	anada. At	ten	d	S	ub Tota	al	\$	
TBPO	CC meeti	ng, assess ar	nd reso	lve f	abrica	ation	issu	es in Sh	nanghai	China									
	MAL WORK H		12319	1	JRCE		1000		······································						+				
	0.5		T. CODE	-	UNIT	CHG	EXP	AUTH. SUBJOB		SPEC	CIAL DESIG	NATION	FA	AGCY OBJ.	-	AMOUNT		FY	MSA CODE
(13) WOE	8-5		25/28	DIST	UNIT					-									
(13) WOR	IN SCHEDOLI	-																	
	5/40																		
(14) PRIV	ATE VEHICLI	E LICENSE #																	
(15) MILE	AGE RATE C	LAIMED																	
	.55																		
HEREB		that the above I	ine is a tr	ue sta	temen	t of the	trave	el expense	es incurre	d by me in	accordar	nce with DPA	rule	as in th	e service o	f the Sta	te of Calif	ornia	
a private	ely owned ve	ehicle was used	, and if m	nileage	rates	exceed	d the	minimum	rate, I cer	tify that t	he cost of	operating the	e ve	hicle w	vas equal to	o or grea	ter than th	ne rate	
	IMANT'S SI	e met the requ	irements	as pre	escribe	d by S	AM S	ections 0	750, 0751	, 0752, 07	53, and 0	754 pertainin	g to	vehicl	e safety an	d seat be	elt usage.	To come	
10) CLA	IWAN S BI	SINATURES.																DATE	11-05
17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT									PRINT NAME						DATE	1 1 - 01			
													octifel					DATE	
18) SIGN	NATURE AN	D TITLE OF AL	JTHORIT	Y FOR	R BUS	INESS	EXP	ENSES E	XCEEDIN	IG \$25.00		PRI	NT	NAME				DATE	,
													-						